

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4634AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2009
NAME OF PROVIDER OR SUPPLIER VILLAGGIO SENIOR RESIDENCE INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3858 MOONGATE CIRCLE LAS VEGAS, NV 89103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/6/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Surveyor: 28276 Based on record review on 10/6/09, the facility failed to ensure 4 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1, #3, #4 and #5) for the protection of all residents. Employee #1 had evidence of a past two step TB test and an annual TB test for 2009, however failed to provide evidence of an annual TB test for 2008. Employee #3 failed to provide evidence of a preemployment physical and an annual TB test. Employee #4 failed to provide evidence of a second step TB test. Employee #5 failed to provide evidence of a preemployment physical and a second step TB test. This was a repeat deficiency from the 10/7/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/6/09, the facility failed to ensure 5 of 5 Employees met background check requirements (Employee #1, #2, #3, #4 and #5). Employee #1 and #2 failed to provide evidence of an FBI check. Employee #3 failed to have evidence of fingerprints and an FBI	Y 105		

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Y 105	Continued From page 2 check. Employee #4 failed to have evidence of a state or FBI check and a signed criminal history statement. Employee #5 failed to have evidence of an FBI check or a signed criminal history statement. This was a repeat deficiency from the 10/7/08 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation, interview, and record review on 10/6/09, the facility failed to post a current menu and keep on file for 90 days. Employee #5 had a book of menus, however there was only a one week menu for each month, which was not dated. Interview with Employee #5 revealed the facility did not follow the menu. Severity: 1 Scope: 3	Y 272		
Y 445 SS=E	449.229(10) Exit doors NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the	Y 445		

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Y 450	Continued From page 4 aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #4 and #5). Employee #4 was hired 4/10/09, and failed to complete first aid and cardiopulmonary resuscitation training until August 2009. Employee #5 was hired 6/1/09, and failed to complete first aid and cardiopulmonary resuscitation training until August 2009. Severity: 2 Scope: 3	Y 450			
Y 527 SS=C	449.260(1)(b) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation, interview and record review on 10/6/09, the facility failed to provide activities that provide mental and physical stimulation. The facility failed to post a schedule of activities. Employee #5 could only find an activity schedule from 2007. Resident #1 stated the facility does not provide any activities for the residents. Observation on 10/6/09 between 9:30 AM and 2:30 PM revealed residents watching television, no other activities were observed. This is a repeat deficiency from the 10/7/08 Annual Licensure Survey.	Y 527			

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Y 527	Continued From page 5 Severity: 1 Scope: 3	Y 527		
Y 621 SS=E	449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/6/09, the facility failed to ensure 3 of 6 residents (Resident #1, #3, and #6) were not restrained by the use of a full bed rail. Severity: 2 Scope: 2	Y 621		
Y 645 SS=C	449.2704(1)-(5) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for potional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of	Y 645		

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Y 936	<p>Continued From page 7</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/6/09, the facility failed to ensure 6 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2, #3, #4, #5 and #6) which affected all residents. Resident #1, and #2 failed to provide evidence of a two step tuberculosis (TB) test. Resident #2 had a one step TB test read 7/13/09, but failed to provide evidence of a second step TB test. Resident #4 had evidence of a two step TB test in 2006 and an annual TB test in 2007 and 2009, however no evidence of a TB test in 2008. Resident #5 had a one step TB test read 9/25/09, but failed to provide evidence of the second step. A progress note dated 9/25/09 from Sterling Medical Group stated Resident #6 had a positive TB test, however the resident failed to have evidence of a negative chest x-ray.</p> <p>This was a repeat deficiency from the 10/7/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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Y 991 SS=F	<p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/6/09, the facility failed to ensure 7 of 8 exit doors in the facility were equipped with door alarms. The doors exiting from Bedroom #1, Bedroom #3, the the door exiting the hallway between Bedroom #4 and Bedroom #5, and the door leading from the laundry room into the garage failed to have alarms installed. The doors exiting from Bedroom #2, Bedroom #4 and the sliding glass door in the kitchen had alarms but were broken.</p> <p>Severity: 2 Scope: 3</p>	Y 991		
Y 992 SS=F	<p>449.2756(1)(c) Alzheimer's Fac awake staff</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(c) At least one member of the staff is awake and on duty at the facility at all times.</p>	Y 992		

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Y 992	Continued From page 9 This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and record review on 10/6/09, the facility failed to ensure a caregiver was awake and on duty at all times. The most recent caregiver schedule was dated 8/2009. Interview with employee #5 revealed the facility employs two caregivers. Both caregivers work during the day, and they wake up on average three times per night to check on the residents. Severity: 2 Scope: 3	Y 992		
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/6/09, the facility failed to ensure knives, scissors and razors were inaccessible to the residents. A serrated knife was found unlocked in the kitchen drawer next to the stove. Unlocked razors were found in a dresser in Bedroom #2. Scissors were found unlocked in Bedroom #5. An unlocked shed was located in the backyard and contained metal	Y 994		

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Y 994	Continued From page 10 stakes, a shovel and a pick ax type tool. A pair of pliers was found unsecured in the laundry room and another pair of pliers was found on top of the fridge. Severity: 2 Scope: 3	Y 994			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/6/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In the laundry room orange glo, window cleaner, pine sol, laundry detergent, clorox and bathroom cleaner were observed in an unsecured cabinets under the sink and above the washer and dryer. Severity: 2 Scope: 3	Y 999			
Y1035 SS=F	449.2768(1)(a)(1) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which	Y1035			

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Y1035	<p>Continued From page 11</p> <p>provides care to persons with any form of dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and record review on 10/6/09, the facility failed to ensure 2 of 2 caregivers (Employee #4 and #5) received 2 hours of training in providing care to residents with Alzheimer's disease. Employee #4 was hired 4/10/09, and failed to complete at least 2 hours of training related to dementia or Alzheimer's disease until 9/27/09. Employee #5 was hired 6/1/09, and failed to provide evidence of dementia or Alzheimer's training.</p> <p>Severity: 2 Scope: 3</p>	Y1035		

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